| Fill in this information | to identify your case: | |
|---------------------------------|---|---|
| Debtor 1 | Richard Alan Bush | |
| Debtor 2 (Spouse, if filing) | Myra Regina Bush | |
| United States Bankrup | otcy Court for the: SOUTHERN DISTRICT OF OHIO | |
| | -51703 | Check if this is: |
| (If known) | | An amended filing |
| | | A supplement showing postpetition chapter 13 income as of the following date: |
| Official Form | <u> 106l</u> | MM / DD/ YYYY |

Schedule I: Your Income

12/15

For Debtor 2 or

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | Describe Employment | | | |
|--------------------------------|---|-----------------------|------------------------------------|--|
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
| If you have more than one job, | | Employment status | ■ Employed | ■ Employed |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed |
| | employers. | Occupation | Electronics Engineer | Senior Operations Specialist |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Compact Power Services, LLC | JP Morgan Chase |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 3326 HWY 51 Fort Mill, SC 29715 | 1111 Polaris Parkway Columbus, OH 43240 |
| | | How long employed the | nere? 9 months | 9 years |

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,360.07 2,739.72 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 3,360.07 2,739.72

Official Form 106I Schedule I: Your Income page 1 Case 2:15-bk-51703 Doc 37 Filed 02/07/17 Entered 02/07/17 13:08:47 Desc Main Document Page 2 of 5

| Debt Debt | | Richard Alan Bush Myra Regina Bush | _ | C | Case | number (if known) | 15-51703 | | |
|--------------|--|--|---|----------|----------|-------------------|----------------------|--|--|
| | | | | | For | Debtor 1 | For Debto | | |
| | Cop | py line 4 here | 4. | | \$_ | 3,360.07 | | 2,739.72 | 2 |
| 5. | List | t all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ۱. | \$ | 609.05 | \$ | 534.38 | 3 |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | 0.00 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c | :. | \$ | 0.00 | \$ | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d | l. | \$_ | 0.00 | \$ | 0.00 | |
| | 5e. | Insurance | 5e | . | \$ | 0.00 | \$ | 217.00 |) |
| | 5f. | Domestic support obligations | 5f. | | \$_ | 0.00 | \$ | 0.00 |) |
| | 5g. | Union dues | 5g | | \$_ | 0.00 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: AD&D | 5h | 1.+ | \$_ | | + \$ | 0.00 | |
| | | AD&D | _ | | \$_ | 16.60 | \$ | 0.00 | _ |
| | | Dental | _ | | \$_ | 0.00 | \$ | 42.10 | |
| | | Vision | | | \$_ | 0.00 | \$ | 12.38 | _ |
| | | LTD | _ | | \$ \$ | 69.68 | \$ | 0.00 | _ |
| | | 401k Loan Repayment | _ | | · — | 0.00 | · — | 169.74 | _ |
| 6. | Add | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ _ | 698.67 | \$ | 975.60 | <u>) </u> |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 2,661.40 | \$1 | ,764.12 | <u>?</u> |
| 9. | 8a. 8b. 8c. 8d. 8e. 8f. | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 8c 8d 8e — 8f. 8g 8h — 9. | | | 2,975.00 | \$ | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 0 |
| 10. | | culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | | 5,636.40 + \$_ | 1,764.12 | = \$ _ | 7,400.52 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify: | depe | | | | ed in <i>Schedul</i> | le J. +\$ | 0.00 |
| 12. | | d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certablies | | | | | | \$ | 7,400.52 |
| 13. | Do ■ □ | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | 1? | | | | | Combi month | ined Ily income |

| E211- | · | | | | | 1 | | |
|--------------|---------------------------|---|---------------|--|--|-------------|----------------------|-------------------------------|
| 12111 | in this infor | mation to identify y | our case: | | | | | |
| Deb | tor 1 | Richard Ala | n Bush | | | Ch | eck if this is: | |
| Deb | tor 2 | Myra Regina | a Rush | | | | An amended filing | wing postpetition chapter |
| | ouse, if filing) | wyra regin | a Dusii | | | | | the following date: |
| Unite | ed States Ba | nkruptcy Court for the | e: SOUTH | IERN DISTRICT OF OHIO | | | MM / DD / YYYY | |
| Case | e number | 15-51703 | | | | | | |
| (If kr | nown) | | | | | | | |
| Of | fficial F | orm 106J | | | | • | | |
| Sc | chedu | le J: Your | | | | | | 12/15 |
| | | | | . If two married people ar | | | | |
| | | own). Answer eve | | | | , , | | , |
| Part | | scribe Your Hous | ehold | | | | | |
| 1. | - | oint case? | | | | | | |
| | □ No. Go | | _ | | | | | |
| | | oes Debtor 2 live | in a separ | ate household? | | | | |
| | | No | | | | | | |
| | L | l Yes. Debtor 2 mu | st file Offic | al Form 106J-2, Expenses | for Separate House | ehold of De | ebtor 2. | |
| 2. | Do you h | ave dependents? | ■ No | | | | | |
| | Do not list Debtor 2. | t Debtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not sta | ate the | | | | | | □ No |
| | depender | its names. | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes ☐ No |
| | | | | | | | | □ No □ Yes |
| | | | | | | | _ | □ No |
| | | | | | | | | ☐ Yes |
| 3. | | expenses include sof people other | | No | | | | |
| | • | and your depende | | Yes | | | | |
| Dor | + 2: Fo4 | imata Vaur Onna | ina Manth | ly Evnence | | | | |
| Pari Esti | | imate Your Ongo expenses as of v | | uptcy filing date unless y | ou are using this fo | orm as a s | supplement in a Cha | apter 13 case to report |
| exp | enses as d dicable dat | of a date after the | bankrupto | y is filed. If this is a supp | lemental Schedule | J, check | the box at the top o | of the form and fill in the |
| Incl | ude expen | ses paid for with | non-cash | government assistance i | f you know | | | |
| | | | nd have ind | cluded it on Schedule I: Y | our Income | | Your exp | enses |
| (On | ficial Form | 1061.) | | | | | Tour exp | Ciliaca |
| 4. | | al or home owners and any rent for the | | ses for your residence. In | nclude first mortgage | e 4. | \$ | 0.00 |
| | If not inc | luded in line 4: | | | | | | |
| | 4a. Rea | al estate taxes | | | | 4a. | \$ | 0.00 |
| | | perty, homeowner | s, or renter | 's insurance | | 4b. | · | 0.00 |
| | | me maintenance, r | • | | | 4c. | · | 150.00 |
| | 4d. Hoi | meowner's associa | ition or con | dominium dues | | 4d. | \$ | 0.00 |

Additional mortgage payments for your residence, such as home equity loans

0.00

5. \$

| | tor 1 tor 2 | | Alan Bush gina Bush | Case num | ber (if known) | 15-51703 |
|-----|----------------|----------------------------------|---|----------------------|---------------------------------------|-------------------------------|
| 6. | Utilit | ties: | | | | |
| - | 6a. | | , heat, natural gas | 6a. | \$ | 170.00 |
| | 6b. | Water, sev | wer, garbage collection | 6b. | \$ | 106.00 |
| | 6c. | Telephone | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 159.05 |
| | 6d. | Other. Spe | ecify: Natural Gas | 6d. | \$ | 235.00 |
| 7. | Food | d and hous | ekeeping supplies | 7. | \$ | 700.00 |
| 8. | Chile | dcare and c | children's education costs | 8. | \$ | 0.00 |
| 9. | Clot | hing, laund | Iry, and dry cleaning | 9. | \$ | 125.00 |
| 10. | | - | products and services | 10. | \$ | 125.00 |
| | | • | ental expenses | 11. | \$ | 165.00 |
| | | | Include gas, maintenance, bus or train fare. | | | |
| | | | ar payments. | 12. | \$ | 325.00 |
| 13. | Ente | ertainment, | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 |
| 14. | Char | ritable cont | tributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insu | rance. | | | | |
| | | | nsurance deducted from your pay or included in lines 4 or 20. | | _ | |
| | | Life insura | | 15a. | · | 219.00 |
| | | Health ins | | 15b. | · | 0.00 |
| | 15c. | Vehicle in: | surance | 15c. | | 255.00 |
| | | | urance. Specify: | 15d. | \$ | 0.00 |
| | Spec | cify: | nclude taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| 17. | | | ease payments: | | | |
| | | . , | ents for Vehicle 1 | 17a. | · · · · · · · · · · · · · · · · · · · | 0.00 |
| | | | ents for Vehicle 2 | 17b. | \$ | 0.00 |
| | | Other. Spe | | 17c. | · | 0.00 |
| | | Other. Spe | · | 17d. | \$ | 0.00 |
| 18. | | | of alimony, maintenance, and support that you did not report a | | ¢ | 0.00 |
| 40 | | | your pay on line 5, Schedule I, Your Income (Official Form 106I) |). ^{18.} | · . | |
| 19. | | | s you make to support others who do not live with you. | 40 | \$ | 0.00 |
| 20 | Spec | · — | anticonnance actinglished in lines 4 on 5 of this forms on on Co | 19. | | |
| 20. | | | erty expenses not included in lines 4 or 5 of this form or on Scills on other property | neaule 1: 40 20a. | | 0.00 |
| | | Real estat | | 20a. 20b. | · | 0.00 |
| | | | homeowner's, or renter's insurance | 20b. 20c. | · — | |
| | | | | 20d. | | 0.00 |
| | | | nce, repair, and upkeep expenses | | | 0.00 |
| 0.4 | | | ner's association or condominium dues | 20e. | · | 0.00 |
| 21. | Othe | er: Specify: | | 21. | +\$ | 0.00 |
| 22. | Calc | ulate vour | monthly expenses | | | |
| | 22a. | Add lines 4 | through 21. | | \$ | 2,784.05 |
| | | | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 2 | \$ | |
| | | | a and 22b. The result is your monthly expenses. | | \$ | 2,784.05 |
| | 220. | Add IIIC ZZ | a and 225. The result is your monthly expenses. | | Ψ | 2,764.03 |
| 23. | Calc | ulate your | monthly net income. | | | |
| | 23a. | Copy line | 12 (your combined monthly income) from Schedule I. | 23a. | | 7,400.52 |
| | 23b. | Copy your | r monthly expenses from line 22c above. | 23b. | -\$ | 2,784.05 |
| | 23c. | | your monthly expenses from your monthly income. t is your monthly net income. | 23c. | \$ | 4,616.47 |
| 24. | For e | xample, do yo fication to the | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? | | | ease or decrease because of a |
| | | | Explain here: | | | |
| | ' | 00. | | | | |

| Fill in this information to identify your case: | | | | | |
|---|----------|-------------------------------|-----------|--|--|
| Debtor 1 Richard Alan Bu | | h Middle Name | Last Name | | |
| Debtor 2 Myra Regina Bush | | 1 | | | |
| (Spouse if, filing) First Name United States Bankruptcy Court for the: | | Middle Name SOUTHERN DISTRICT | Last Name | | |
| | | | | | |
| (if known) | 15-51703 | | | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| | Sign Below | | |
|------------|---|-------|---|
| Did y | ou pay or agree to pay someone who is NOT an attorney to | help | you fill out bankruptcy forms? |
| = 1 | No | | |
| | Yes. Name of person | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| that th | r penalty of perjury, I declare that I have read the summary a ney are true and correct. s/ Richard Alan Bush ichard Alan Bush | and s | /s/ Myra Regina Bush Myra Regina Bush Signature of Debtor 2 |
| | ignature of Debtor 1 | | |